

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES RECEIVED JAN: 9'2013 Maine Ethics Commission

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

WEBSITE: WWW.MAINE.GOV/ETHICS

PHONE: 207-287-4179 FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

Jame	Office			
Richard Rosen	☐ House ☐ Senate			
failing Address	District Number			
PO ROX 877	31			

City/Town, State, Zip

☐ Check here if this statement is an update or amendment of a previously filed statement.

E-mail Address

BUCKSPORT 04416-0817

rrosen 113@ aolicom

FILING DEADLINES

CURRENT LEGISLATORS: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

ŁEGISLATORS LEAVING OFFICE: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from	Employment	by Anoth	ner	Ala AM Ajri				
☐ None. Check this	box if you did r	ot have i	ncome fron	n employme	nt by anot	her.		
Name of Employer		Address		Principal Tyr Business Ac				Job Title
State of Man	ne Sta	ate House		elected office		Q	Senator	
Part 2. Income from	Self-Employn	nent						
☐ None. Check this I	box if you did r	ot have ir	ncome fron	n self-emplov	/ment.		***************************************	
Name of Your Business/	Trade Name ミナムハ	12Mc	Addi	ess Bucks _p	5&1	Principal 1	Type of Ec	onomic or Business vity
Name of Client or Customer instructions)			Addr	ess	A STATE	Principal T	ype of Eco	onomic or Business of Client
Part 3. Revenue of B	susiness Entit	les						
☐ None. Check this k	nox if you and y	our imme	ediate fami	ly did not ha	ve a maio	rity share	in a hu	sinass
Name of Busine	ess		Addr					onomic or Business
Part 4. Income from			como from	the practice	of low			er (Chipara, eras eras eras Peres eras eras eras eras eras
Name of Practice or Firm	Address			Areas of	Firm's Ma	ajor Areas o	of the state of th	Position: Partner, Associate, Sole Practitioner

□ None. Check this box if you di	d not have income from any other sour	rce.
Name of Source	Address	Type of Income
IBM	ARMONK, NY	Investment
Part 6-A. Compensation Incom	e of Immediate Family Members	
□ None. Check this box if no me employment or compensation.	mbers of your immediate family receiv	
☐ None. Check this box if no me	mbers of your immediate family received the Employer's Name and Add	ress Principal Type of Economic or
□ None. Check this box if no me employment or compensation. Name and Job Title (do not list name of dependent of	mbers of your immediate family received by the modern being the modern by the	
None. Check this box if no meemployment or compensation. Name and Job Title (do not list name of dependent of the control of	Employer's Name and Add hild) State House Lyusta Sheer Delight	ress Principal Type of Economic or Business Activity of Employer electer office
□ None. Check this box if no me employment or compensation. Name and Job Title (do not list name of dependent of	Employer's Name and Add hild) State House Lynta Sheer Delight Mengort News Y	ress Principal Type of Economic or Business Activity of Employer electer office Remutation Salet

□ None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.				
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income		

Part 7. Loans		
None. Check this box if you did not have rep	portable liabilities.	
Lender's Name	Lender's Name Lender's Address	
Part 8. Gifts, Including Travel and Accommo	odations	
☐ None. Check this box if you did not received	any gifts.	
Source of Gift	Se	ource of Gift
1.	2.	
3. ALEC	4.	
ALEC		
Part 9. Honoraria ☑ None. Check this box if you did not received		
Source of Honoraria	Sour	rce of Honoraria
1.	2.	
3.	4.	
Part 10. Positions in Political Action or Ballo		
☐ None. Check this box if you were not a treasu	urer, officer, decision-maker, or fu	
Name of Committee		Title
1. Maine PAC	decision-	maker
2.		

Part 11. Conducting Business with State Agencies						
None. Check this box if neither you nor your immediate family did business with any State agency.						
Name of Agency	Name of Individual Selling Goods or Services	Description of Good or Services				
A MANAGEMENT AND A MANA						

Part 12. Representing Others Before State Agencies				
None. Check this box if neither you nor your immediate family represented another before a State agency.				
Name of Agency	Name of Individual Receiving Compensation			

Fart 13. Positions in For-Profit an	lu Non-Front Orga	IIIZativiis				
□ None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.						
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No		
Northeast Historic Film Fucksoort	Board	Richard Rosen	r Self ☐ Spouse ☐ Dependent	70		
Bucksport Retail Assoc of Maine Augusta	Board Member	~~	□ Self □ Spouse □ Dependent	70		
Bucksport Regional Hearth Center	Boareb Member	1 \	□-Self □ Spouse □ Dependent	70		

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE.

Signature

<u>/- グータップ</u> Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))